

A STRIKING CASE OF SIMULATED DEAFNESS.

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THIS was the case of a girl, a domestic servant, sixteen years of age, who was admitted to the Glasgow Ear Hospital on March 15, 1892, apparently absolutely deaf.

History before Admission: She reported that on a Sunday morning, four weeks before admission, as she was recovering from a severe cold in the chest and head, attended by loss of voice, she did not hear the sermon in church so well as usual. At the evening service she experienced still greater difficulty; on Monday and Tuesday she became worse and worse, until on Wednesday morning she found herself totally deaf on both sides.

In a letter received by me from a friend it was stated that she could not hear the report of a pistol fired close to her ear. Her doctor wrote in the following terms: "I saw her a fortnight ago for the first time and found her hearing quite gone, not even hearing the tuning-fork. I tried blistering over the mastoids, and potass. iodid. internally, but with no benefit. She has also been having strychnine internally and pilocarpin hypodermically, but with negative results." For a few days at first there were bells ringing in her ears, but these sounds passed off. She experienced no giddiness. Before this she had occasionally been temporarily dull from cold.

For a week her mistress had to communicate with her entirely by writing. After a time, however, she professed great proficiency in lip-reading, which had been acquired in

a very sudden way. On Sunday morning, three weeks after the beginning of the deafness, when her mother asked : " What are you going to have for breakfast ? " she discovered that she could make out by looking at the face and lips what her mother said.

Condition on Admission: Loud shouting close to either ear or through a conversation tube produced no response. She disclaimed the power of hearing not merely articulate speech, but of hearing *any sound whatever*. When a large tuning-fork vibrating strongly was applied over the mastoid, near the orifice of the ear, or to the teeth, she shook her head and professed to perceive nothing. The objective examination of the ears furnished no information ; the external and middle ears presented no signs of disease. The tonsils, were, however, much enlarged. She claimed to have acquired the power of lip-reading, and gave no heed to any question or remark made to her unless she were looking intently at the speaker's face. On testing her carefully in regard to this professed power of lip-reading, she was found to understand wonderfully well when the conversation was audible, but when tested in such a way that the speaker did not emit a sound, while producing the facial, labial, and other movements associated with speech, she understood only in an extremely limited way. This peculiarity in lip-reading and her protestations of total deafness to all sound, aroused suspicion in my mind as to the reality of the deafness, and, partly to secure close observation, she was admitted to the Glasgow Ear Hospital.

Course after Admission to Hospital: The curator and matron co-operated in observing her closely. She continued to profess absolute deafness to all sound whatever ; she ignored every question or remark unless her attention were first secured by touch or sign, when she looked intently into the speaker's face. If the matron questioned her in the dark or when alongside of her, she insisted upon first having the matron's face in the light and gazing upon it. She pretended to have greater difficulty with men who had moustache or beard. Various plans were tried to take her off her guard, such as asking her to go after examining her, and shouting to her when asleep, but with no success ; she always maintained the rôle of total deafness. Some of the

servants in the hospital, who knew nothing of our suspicions, remarked that the patient sometimes seemed to get her hearing back for a moment and then it passed away again entirely. They had observed that she appeared at times to know what they said in circumstances which precluded the possibility of lip-reading. On two occasions when persons shouted very loudly into the ear she was observed to wink, although she refused to admit hearing anything. Notwithstanding our suspicions, it was resolved to treat her on the assumption of the reality of the deafness. The enlarged tonsils were at first excised, then pilocarpin, by subcutaneous injection, was administered twenty times at intervals of one and two days. On the first two occasions she received one eighth of a grain, afterwards a quarter of a grain. She remained in bed two hours after each injection, and salivated and perspired very freely. It appeared that when treated at home with hypodermic injections of pilocarpin, she sat on a chair at the fireside after each injection and neither perspired nor salivated.

Entire Recovery of Hearing: After having been in the hospital for five weeks we received demonstration that *she really heard*. A servant in the hospital had musical proclivities, and frequently sang to the indoor patients. One afternoon our patient was heard to sing the identical songs which had been sung by the servant in the forenoon of the same day. In the case of one of these songs at least, she admitted that she never had heard it before coming into the hospital. She evidently possessed a good musical ear and sang this song remarkably correctly. On being asked how it was that she was able to sing it, never having heard the song, she tried to escape from the difficulty by pretending to have acquired the air through noticing the face and mouth of the singer! This, I assured her, was impossible, at which she was evidently taken aback and began to weep. During the following day she was silent and moody, and in the evening she said to the curator: "I begin to hear a little in one ear." The curator, in order to encourage her, remarked that, as the deafness had taken three days to come on, it might pass off in the same time. On the day following she said that her hearing was still better, and that the improvement was in both ears; on the third day she confessed that

her hearing was perfect! On testing her now, she was found to hear the watch and whispered speech at the full normal distance in both ears. Our patient was now eager to go home, and she left the hospital after a residence of six weeks. Two months afterwards we were informed of the continuation of the normal hearing. On inquiry we were unable to trace any connection of the girl with deaf-mutes who might have been in the habit of practising lip-reading. She knew, however, the deaf and dumb alphabet from childhood, and for amusement had practised it with one of her brothers who was not deaf.